



*Commonwealth of Massachusetts*

Form CC-3 2007-1

Form CW-3 2007-1

**Department of Public Safety**

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**FORM ATTESTATION OF PERSONNEL TRAINING  
FOR USE BY OWNERS OF CHALLENGE COURSES OR CLIMBING WALL FACILITIES**

PLEASE TYPE OR PRINT LEGIBLY.

THIS ATTESTATION SHALL BE PROVIDED AT THE TIME OF APPLICATION AS A CONDITION OF  
LICENSURE IN ACCORDANCE WITH 520 CMR 5.14(1)(c)(2)(j) AND 520 CMR 5.15(1)(c)(2)(j).

I, \_\_\_\_\_ of \_\_\_\_\_  
OWNER'S NAME (TYPE OR PRINT) ORGANIZATION NAME

hereby certify that the individuals employed as Challenge Course Managers\*, Climbing Wall Facility Managers\*, Challenge Course Staff, Climbing Wall Facility Staff, Challenge Course Staff Assistants, or Climbing Wall Facility Staff Assistants listed below have, to the best of my knowledge and belief, received the training outlined in the Staff Training Plan. The Staff Training Plan shall be maintained at the business address listed below and shall be made available to Inspectors of the Department of Public Safety upon request, pursuant to 520 CMR 5.14 (1)(c)(2)(j) and 5.14(2)(d)(7) (Challenge Courses) or 520 CMR 5.15(1)(c)(2)(j) and 5.15(3)(d)(5) (Climbing Wall Facilities).

	NAME	POSITION (Please indicate Challenge Course Mngr., Climbing Wall Facility Mngr., Challenge Course Staff, Climbing Wall Facility Staff; or Assistant.)
1		
2		
3		
4		
5		

ATTACH ADDITIONAL SHEETS WHERE NECESSARY.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

\*The owner is responsible for ensuring that all information contained on this form is current and shall resubmit the form in the event that the Challenge Course Manager or Climbing Wall Facility Manager changes during the term of licensure.